

LEA Medicaid Billing – Weekly Progress Notes – Behavior Services

Student name: _____ Birthdate: _____
School district: _____ Building: _____

Progress notes/ weekly summary to include: general observation of the child's condition; child's activity and participation in treatment; activities of staff; future plans for working with the child.

Week 1- date:

Week 2 – date:

Signature/ title of person completing summary:

Signature/ title of person completing summary:

Week 3 – date:

Week 4- date:

Signature/ title of person completing summary:

Signature/ title of person completing summary:

I attest that the services/ interventions provided by the LEA staff members are consistent with this student's Behavior Intervention Plan or specific goal(s) as described in the student's IEP. This does not imply my supervision of the LEA staff members, nor have I necessarily observed these services.

Mental health professional's signature/ title: _____ **Date:** _____